

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403754572

Date Received:
04/15/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10456
Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600
City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

| Contact Name | Phone | Email |
|---------------|--------------|---------------------------------------|
| Romana Cowden | 720-951-5895 | COGCC.inspections@caerusoilandgas.com |

ECMC INSPECTION SUMMARY:

FIR Document Number: 701103717

Inspection Date: 05/15/2023

FIR Submit Date: 05/16/2023

FIR Status: _____

Inspected Operator Information:

Company Name: CAERUS PICEANCE LLC

Company Number: 10456

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 335006

Location Name: SAVAGE-67S94W Number: 8NWNW County: GARFIELD

Qtrqtr: NWN Sec: 8 Twp: 7S Range: 94W Meridian: 6
W

Latitude: 39.456791 Longitude: -107.916034

FACILITY - API Number: 05-045-00 Facility ID: 292749

Facility Name: SAVAGE Number: 8-12D

Qtrqtr: NWN Sec: 8 Twp: 7S Range: 94W Meridian: 6
W

Latitude: 39.456791 Longitude: -107.916034

CORRECTIVE ACTIONS:

1 CA# 171275

Corrective Action: Comply with outstanding COAs.
In the Supplemental Form 19, identify the root cause of the failure and explain how reoccurrence on this pipeline and the other pipelines associated with this facility will be prevented, per Rule 912.d.(3). Coordinate with COGCC Western Integrity Inspector, Mike Longworth, regarding pipeline excavation, assessment, and repair. Provide a minimum 48-hours of advance notice to Mike Longworth via email (michael.longworth@state.co.us) prior to pressure testing of equipment.

Date: _____

Response: CA COMPLETED

Date of Completion: 01/19/2024

Operator Comment: Form 19 Supplemental (Closure) for Spill ID 484413. The doc # is 403660530 and all COAs listed in Form 19 Initial (403395391) and Form 19 Supplemental (403401544) have been met as of this submittal.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Romana Cowden Signed: _____

Title: EHS Date: 4/15/2024 2:09:47 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

| <u>Document Number</u> | <u>Description</u> |
|------------------------|--------------------|
| | |

Total Attach: 0 Files